

**Submit to:**

Department of Natural Resources  
301 Centennial Mall South  
P.O. Box 94676  
Lincoln, Nebraska 68509-4676  
Phone (402) 471 2363

**STATE OF NEBRASKA  
DEPARTMENT OF NATURAL RESOURCES**

This form is required to be filed  
within **60 days** of any  
modification to the water well.

**WATER WELL REGISTRATION PUMP INSTALLATION AND CONSTRUCTION MODIFICATION  
PUMP INSTALLER/WELL CONTRACTOR USE ONLY**

**FOR DEPARTMENT USE ONLY**

Date Filed \_\_\_\_\_ Owner Code No. \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_NRD

**ALL ITEMS IN SECTION 1 AND SIGNATURE IN SECTION 3 ARE REQUIRED**

**SECTION 1:**

A. Well Owner's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**OR** Company Name \_\_\_\_\_

Attention Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

B. Contractor (if applicable). \_\_\_\_\_ Telephone Number(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Pump Installer/Contractor License No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + \_\_\_\_\_

C. Well Registration No. \_\_\_\_\_

List complete well location as it appears in DNR database: Legal, Footage and/or GPS Coordinates

1. Well location: \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of Section \_\_\_\_\_, Township \_\_\_\_\_ North, Range \_\_\_\_\_ E W, \_\_\_\_\_ County.

2. The well is \_\_\_\_\_ feet from the (N or S) section line and \_\_\_\_\_ feet from the (E W) section line.

**OR** Latitude Degree: \_\_\_\_\_ Minute: \_\_\_\_\_ Second: \_\_\_\_\_

Longitude Degree: \_\_\_\_\_ Minute: \_\_\_\_\_ Second: \_\_\_\_\_

D. State Reason for Change: \_\_\_\_\_

**PUMP INSTALLATION AND CONSTRUCTION MODIFICATION**

Complete only those items being modified

**SECTION 2:**

A. Pump information.

1. Pumping rate: \_\_\_\_\_ gallons per minute. Measured ☐ or Estimated ☐

2. Drop Pipe diameter: \_\_\_\_\_ Inches. 3. Length of drop pipe: \_\_\_\_\_ feet.

4. Pumping equipment installed: (m)\_\_\_\_/(d)\_\_\_\_/(y)\_\_\_\_. 5. Brand/Type: \_\_\_\_\_

6. Static Water Level: \_\_\_\_\_ feet.

7. Pumping water level: \_\_\_\_\_ feet.

8. Amount of time pumped: \_\_\_\_\_.

B. Active to Inactive

On \_\_\_\_\_, 20\_\_\_\_, I altered the status of this water well from active to inactive by removing the

\_\_\_\_\_ inch pump and pumping column and properly capping the water well according to state standards (§46-1207.02)

C. Well Construction Information.

1. Total well depth: \_\_\_\_\_ feet.
2. Static water level: \_\_\_\_\_ feet.
3. Pumping water level: \_\_\_\_\_ feet
4. Well Construction began: (m)\_\_\_\_/(d)\_\_\_\_/(y)\_\_\_\_\_
5. Well Construction completed: (m)\_\_\_\_/(d)\_\_\_\_/(y)\_\_\_\_\_
6. Bore hole diameter in inches: Top\_\_\_\_ Bottom \_\_\_\_
7. Casing and Screen Joints are: Welded\_\_\_\_, Glued\_\_\_\_, Threaded\_\_\_\_, Other\_\_\_\_\_

D. Well Construction Modification.

1. Total well depth: \_\_\_\_\_ feet.
2. Static water level: \_\_\_\_\_ feet.
3. Pumping water level: \_\_\_\_\_ feet
4. Well Modification began: (m)\_\_\_\_/(d)\_\_\_\_/(y)\_\_\_\_\_
5. Well Modification completed: (m)\_\_\_\_/(d)\_\_\_\_/(y)\_\_\_\_\_
6. Casing diameter in inches: Top\_\_\_\_ Bottom \_\_\_\_
7. Casing and Screen Joints are: Welded\_\_\_\_, Glued\_\_\_\_, Threaded\_\_\_\_, Other\_\_\_\_\_

E. Well Construction (Casing & Screen)- 3,4,5, & 6, measurements should be in inches to three decimal places

1		2	3	4	5	6	7	8
Placement Depth in Feet		Casing or Screen	Inside Diameter	Outside Diameter	Wall Thickness	Screen Slot Size	Type of Material	Trade Name
From	To							

F. Grout and Gravel Pack

Placement Depth in Feet		Grout or Gravel Pack	Material Description
From	To		

G. Geologic Materials Logged

DEPTH IN FEET                  DESCRIPTION  
FROM      TO

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEPTH IN FEET      DESCRIPTION  
FROM      TO

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Additional sheets may be submitted)

H. I certify that the well has been modified according to information given in section 2 A, D, E, & F, such that it will pump 50 gallons per minute or less. Pumping Rate:\_\_\_\_\_

Change of use (Check one of the following): ☐ Livestock ☐ Monitoring ☐ Observation

☐ nonconsumptive or de minimus use approved by the applicable natural resources district. State use: \_\_\_\_\_

**SECTION 3:**

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date

**The Department reserves the right to request verification of information provided.**